**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			Toolaniii	1				RATE	FEE		RATE	FEE	
FOR			NUMBER F	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			36minus 20=		• -	16		X\$ 9=		OR	16,\$18=	188	
INDEPENDENT CLAIMS			minus 3 =		*			X40=		OR	) X80=	80.	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	-00	
* If the difference in column 1 is less than zero, enter "0" in column 2							ŀ	TOTAL	, <u>-</u>	OR	TOTAL	1078.	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
ENT A		REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.40	Minus	3	6	= 4		X\$ 9=		OR	X\$18=	12	
	Independent	. 5.	Minus	***	4	=1		X40=		OR	X80=	84	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						4	+135=		OR	+270=		
TOTAL ADDIT. FEE OF											TOTAL ADDIT. FEE	156	
		(Column 1)			ımn 2)	(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		X\$ 9=		ОR	X\$18=	a 2 - 1	
	Independent	NTATION OF MU	Minus	***	IT CLAIM	=		X40=		OR	X80=		
Ŀ	FINOL PRESE	NIATION OF MIC		Ċ.	+135=		OR	+270=					
	21			•				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	*	
(Column 1) (Column 2) (Column 3)												8	
AMENDMENT C		CLAIMS REMAINING AFTER ≨AMENDMENT.		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	ATATION OF M	Minus	***	IT CLAIM	=	11	X40=		OR	X80=		
914 914	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
200	The Highest Nur	nber Previously Pa	id For" (Total o	r Indepen	dent) is the	highest numb	er fou	ind in the apj	oropriate bo	x in co	lumn 1.		